This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

•		
APPLICATION NUMBER:	09/670761	
		

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

	Fee Cade	Total # Claims	Number Ettm	Х	Fee	Fcc	-	Total
	Sm./Lg.				Sm. Entiry	Lg. Entity	/	
Exelo Filing Fee	201/101						•	692
Total Claims >20	203/103	.58 -20	- 38	χ .			• -	684
Independent Claim: >3	202/102	16 .3	- 13	х			•	10/4
Mult, Dep Claim Present	204/104							
Surcharge	205/105	•					-	130
English Translation	139	٠						
TOTAL FEE CALCULA	ATION							<u>9518</u>
Fees due upon filing t	he application:					•		
Total Filing Fees Due	= \$	8	15/8	_				
Less Filing Fees Subn	nitted - S	-	Ø				Ę	<u>.</u>
BALANCE DUE	= \$		0578	-				
Office of Initial Paten	t Examination							
v		ı	rigure 7					

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

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CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE OR			OTHER THAN		
FOR NUMBER FILED NUMBER EXTRA		RATE	FEE	OR 1	RATE	FEE				
BASIC FEE					345.00	OR	See See	690.00		
TC	OTAL CLAIMS	50	minus 2	0=	%	X\$ 9=		OR	X\$18=	684
INE	DEPENDENT CL	AIMS /	minus 3	3 = ' /	3	X39=			X78=	10/W
MULTIPLE DEPENDENT CLAIM PRESENT								OR		70,7
* If the difference in column 1 is less than zero, enter "0" in column 2						+130=	ļ <u>.</u>	OR	+260=	11200
		LAIMS AS A				TOTAL		OR	TOTAL	23SK
		(Column 1)	MENDED	(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	=	X39=		OR	X78=	
-	FIRST PRESE	NIATION OF MI	JLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
	•	•				TOTAL			TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		10.1	ADDIT. FEE	·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF MI	JUITPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
•						TOTAL			TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		JO. 1	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***	=	X39=			X78=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLAIM				OR		
• 1	f the entry in colur	nn 1 is less than th	e entry in colum	nn 2, write "0" in co	lumn 3.	+130= TOTAL		OR	+260=	
•••	If the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is less that SPACE is less that	n 20, enter "20." In 3, enter "3."	ADDIT. FEE			TOTAL ADDIT. FEE	
	ine "Highest Num	ider Previously Pal	o For (Total or I	Independent) is the	highest number t	tound in the app	propriate box	k in col	umn 1.	